

Rikoorka Lagala Socdo Talaalka Ilmaha

Fadlan buuxi oo saxiix foomkan. Haddii aadan u buuxin si dhamaystiran, waxaa lagu diidi karaa adeegyada talaalka. Foomkan waxaa lagu xafidi karaa faylkaaga/galkaaga caafimaadka (ama kan ilmahaaga). Warbixintani waa mid gaar ah cid kalena lala wadaagi mayo aan ka ahayn hay'adaha caafimaadka, xanaanada ilmaha, iyo iskoolada kuwaas oo lagu caawinaayo in ay samaynta adeegyada talaalka, hubinta in shuruudihii talaalka la fuliyay, iyo la socodka baahida talaalka si looga hortago cudurada. Hayadahan waxaa ka mid noqon kara Minnesota Department of Health; xirfadlayaal shati caafimaad leh sida dhakhaatiirta, kalkaaliyayaasha caafimaadka, barnaamijyada Head Start; hayadaha caafimaadka bulshada ee degmada; hayadaha waxqabadka jaaliyadda; iyo meelo daryeel caafimaad oo shati leh sida isbilaalada.

Warbixin ku Saabsan Qofka la Talaalayo (Fadlan daabac)						
Magaca:	Awoowaha	Kowaad	Magaca dhexe xarafka hore		Dalashada	Da'da
Cinwaanka: Waddada			Magaalada	Degmada	State-ka	Zip
Talaalka la siinayo:	<input type="checkbox"/> DTaP	<input type="checkbox"/> MMR	<input type="checkbox"/> Hib	<u>Pneumococcal:</u>	<u>Influenza:</u>	<u>Meningococcal:</u>
	<input type="checkbox"/> DT	<input type="checkbox"/> Polio	<input type="checkbox"/> Hep A	<input type="checkbox"/> PCV7	<input type="checkbox"/> IIV	<input type="checkbox"/> MCV4
	<input type="checkbox"/> Td	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Hep B	<input type="checkbox"/> PPV23	<input type="checkbox"/> LAIV	<input type="checkbox"/> MPSV4
	<input type="checkbox"/> Tdap	<input type="checkbox"/> Varicella	<input type="checkbox"/> HPV			
	<input type="checkbox"/> Kuwo kale _____					
<p><i>Waan akhriyay ama waa la ii macneeyay warqadda/waraaqaha sharaxaada ee lagu magacaabo "Waxa aad u Baahantahay in aad Ogaato." Waxaa kale oo lagu magacaabaa "Warqadda Warbixinta Talaalka," kuna saabsan talaalada iyo cudurada kor ku xusan. Waxaan helay fursad aan su'aalo ku waydiiyo kuwasoo jawaab i qancisa la iga siiyay. Waan fahmay faa'idooyinka iyo halista ka imaan karta talaalka waxaan codsadayna in la talaalo aniga ama qofka magiciisu kor ku qoran yahay. Haddii qofka magiciisu kor ku qoran yahay uu yahay qof aan qaangaarin, waxaan ka marag kacayaa in aan ahay ilmaha waalidkiis, sharci ahaan qofka ka wakiil ah, ama qofka ka mas'uulka ah oo bixin kara ruqsad lagu talaalo.</i></p> <p>Saxiixa qofka la talaalayo ama, haddaan qofku qaangaarin, waalidka, sharci ahaan qofka ka wakiilka ah, ama qofka ka mas'uulka ah.</p> <p>X _____ Taariikh: _____</p>						

For Clinic/Office Use					
Clinic/office address:					
Date vaccine(s) administered:					
Vaccine type					
Manufacturer					
Lot number					
Site of injection/route					
Given by (initials*)					
Date on VIS					
Date VIS given					
*Signature and title of person(s) administering vaccine					
_____ _____					
Note to providers: Federal and Minnesota state law do not require signatures acknowledging receipt of vaccine information statements (VISs). However, to conform with your own agency policies, you may wish to use this form during clinics to record the signature of the vaccinee or authorized representative as well as NCVIA requirements.					